U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

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FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440 S Pecul

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

| 1 File Number U- 10893 | | | 2 Fiscal Ye | ear Covered From | | |
|--|--------------|----------|--|------------------------------------|-----------------------|-------------|
| NEW FILER | | | 01 | / 01/2004 | Through 12 /31 | / 04 |
| 3 Name and address of person filing | | | 4 Name, f | ile number, and address o | of labor organization | |
| Name Timothy W. Vice | | | Name | Plumbers and | Steamfitters | LU 119 |
| | | | i | rganization File Number | 018927 | |
| P O Box, Bidg , Room No , if any | | | POBO | w filer K Building and Room Nur | mber, if any | |
| Street | | | Street | | | |
| 8730 Roush Rd | | • | City | 2458 Old Sh Mobile | ell Rd | |
| Irvington State Al | ZIP Code + 4 | 36544 | State | Al | ZIP Code + 4 | 36607 |
| 5 Position in labor organization Member of Examining Board | | | | | | |
| Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions). A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent | | | | | | |
| 6 Name and address of Employer (including trade name, if any) | | | 7 a Nature of Interest, Transaction, or Income | | | |
| Name | | | | | | |
| Trade Name, if any | | | | | | • |
| PO Box, Bldg., Room No , if any | | 7 b Amou | nt. | | | |
| Street | | | - | | | |
| City | | | | | | |
| State | ZIP Code + 4 | | | | | |
| Signature | | | | | | |
| 15. Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information | | | | | | |

submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions.)

Telephone Number

| Name of Person Filing Timothy W. Vice | File Number U- New filer | | | | | |
|--|---|--|--|--|--|--|
| B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested | | | | | | |
| 8 Name and address of Business (including trade name, if any) | 9 Business deals with | | | | | |
| Name Mobile Plumbing & Pipefitting JATC Trade Name, If any PO Box, Bldg. Room No. If any Street 2458 Old Shell Rd | a Labor Organization b Trust c Employer | | | | | |
| City Mobile State Al ZIP Code + 4 36607 | | | | | | |
| 10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name if any P O Box, Bidg . Room No , if any | 11 a. Nature of such dealing | | | | | |
| Street | 11 b Approximate dollar value of such dealing | | | | | |
| City | 12 a Nature of interest held or income received | | | | | |
| State ZIP Code + 4 | Instructor Salary | | | | | |
| | 12 b Amount. 5,250.00 | | | | | |
| | | | | | | |
| or from any labor relations consultant to an employer any payment of money or other thing of value | | | | | | |
| 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) | 14 a Nature of payment. | | | | | |
| Name . | | | | | | |
| Trade Name, if any | | | | | | |
| P O Box, Bidg , Room No , if any | | | | | | |

14 b Amount of payment.

ZIP Code + 4

or Consultant

?

13 b is the Business an Employer

Street

City

State